GOVERNMENT OF INDIA
WOMEN AND CHILD DEVELOPMENT
LOK SABHA

UNSTARRED QUESTION NO:5325
ANSWERED ON:15.05.2007
ANGANWADI WORKERS
Jatiya Dr. Satyanarayan

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) the details of work to be done by Anganwadi workers alongwith their administrative control/salaries/wages and the eligibility criteria for their appointment as on March 2007;

(b) the number of Anganwadi workers/helpers including women workers during each of the lat three years till date, State and Union Territory- wise;

(c) the details of memorandum received from the Anganwadi workers, State- wise and U.T.-wise; and

(d) the action taken/being taken by the Government in this regard?

Answer

MINISTER OF THE STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI RENUKA CHOWDHURY)

(a) The Anganwadi Worker(AWW) is a community based "honorary worker" under the ICDS Scheme. She is selected from the local community and paid a monthly honorarium as decided by the Government from time to time. This worker functions under the administrative control of Child Development Project Officer (CDPO) at Block level. The role and responsibilities of Anganwadi Workers are given in the statement at Annex I.

(b) State-wise number of Anganwadi Workers/Helpers for the last three years is given in the statement at Annex II.

(c)&(d) Government of India has been receiving, from time to time, memoranda from various Associations/ Federations of Anganwadi Workers. Some of the Associations from whom such Memorandum have been received are All India Federation o f Anganwadi Workers and Helpers, Delhi, BTAD Anganwadi Workers and Helpers Union, Assam, Akhil Bhartiya Anganwadi Karamchari Kriti Samiti, Maharashtra, and Karnataka State Anganwadi Workers & Assistance Association, Bangalore. The major demands listed in these memoranda include:

Accord status of Grade 'C' &'D' employees of Government with consequential benefits.
Payment of salary at par with the Government employees.
Linkage of remuneration with Consumer Price Index.
A lump sum ex-gratia benefit on retirement of Rs.1,00,000/- to AWWs and Rs.50,000/- to AWHs.
Extension of social security benefits like provident funds, pension etc. to all AWWs/AWHs.
Enhancement of honorarium to Rs.3,000/- for AWWs and Rs.2,000/- to AWHs.

Government, in September 2006, constituted a Review Committee for examining current levels of honorarium and related issues of Anganwadi Workers and Helpers. The Committee has submitted its report which is under consideration of the Government.

Annexure-I

STATEMENT REFERRED TO IN REPLY TO PART (a) OF LOK SABHA UNSTARRED QUESTION NO. 5325 FOR 15.05.2007 BY DR. SATYANARAYAN JATIYA REGARDING ANGANWADI WORKERS

Role and responsibilities of AWWs

i. To elicit community support and participation in running the programme.

ii. To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to the sub-centres/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and para-medical personnel.

iii. To carry out a quick survey of all the families, especially mothers and children in those families in their respective area of work once in a year.

iv. To organise non-formal pre-school activities in the anganwadi of children in the age group 3-6 years of age and to help in designing

and making of toys and play equipment of indigenous origin for use in anganwadi.

v. To organise supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes.

vi.To provide health and nutrition education and counseling on breastfeeding/ Infant & young feeding practices to mothers. Anganwadi Workers, being close to the local community, can motivate married women to adopt family planning/birth control measures

vii. AWWs shall share the information relating to births that took place during the month with the Panchayat Secretary/Gram Sabha Sewak/ANM whoever has been notified as Registrar/Sub Registrar of Births & Deaths in her village.

viii. To make home visits for educating parents to enable mothers to plan an effective role in the child`s growth and development with special emphasis on new born child.

ix. To maintain files and records as prescribed.

x. To assist the PHC staff in the implementation of health component of the programme viz. immunisation, health check-up, ante natal and post natal check etc.

xi.To assist ANM in the administration of IFA and Vitamin A by keeping stock of the two medicines in the Centre without maintaining stock register as it would add to her administrative work which would effect her main functions under the Scheme.

xii. To share information collected under ICDS Scheme with the ANM. However, ANM will not solely rely upon the information obtained from the records of AWW.

xiii. To bring to the notice of the Supervisors/ CDPO any development in the village which requires their attention and intervention, particularly in regard to the work of the coordinating arrangements with different departments.

xiv. To maintain liaison with other institutions (Mahila Mandals) and involve lady school teachers and girls of the primary/middle schools in the village which have relevance to her functions.

xv. To guide Accredited Social Health Activists (ASHA) engaged under National Rural Health Mission in the delivery of health care services and maintenance of records under the ICDS Scheme.

xvi. To assist in implementation of Kishori Shakti Yojana (KSY) and motivate and educate the adolescent girls and their parents and community in general by organzing social awareness programmes/ campaigns etc.

xvii. AWW would also assist in implementation of Nutrition Programme for Adolescent Girls (NPAG) as per the guidelines of the Scheme and maintain such record as prescribed under the NPAG.

xviii. Anganwadi Worker can function as depot holder for RCH Kit/ contraceptives and disposable delivery kits. However, actual distribution of delivery kits or administration of drugs, other than OTC (Over the Counter) drugs would actually be carried out by the ANM or ASHA as decided by the Ministry of Health & Family Welfare.

xix. To identify the disability among children during her home visits and refer the case immediately to the nearest PHC or District Disability Rehabilitation Centre.

xx. To support in organizing Pulse Polio Immunization (PPI) drives.

xxi. To inform the ANM in case of emergency cases like diahorrea, cholera etc.